## CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

**INSTRUCTIONS:** Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit manager.

9	Questions from Administrative Law Judges may be submitted di where the hearing took place, with a copy of the form directed to	irectly to	o the CalFresh Policy an	alyst assigned responsibility to the county	
1.	RESPONSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:	
	<ul><li>✓ Policy/Regulation Interpretation</li><li>☐ QC</li></ul>	6.	7/17/13  COUNTY/ORGANIZATION:	7/23/13	
	☐ Fair Hearing		County of Santa Bar	bara	
	Other:	7.	SUBJECT:		
2.	REQUESTOR NAME:	8.	Kin-Gap and CF	V. (A.C.)	
	Eloise Aguillon	0.	NOTE: All requests must h	L/ACIN, court cases, etc. in references) ave a regulation cite(s) and/or a reference(s).	
3.	PHONE NO.: 805-346-8218		ACL 99-97		
4.	REGULATION CITE(S): 63-402.3				
9.	QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):	V	**************************************		
	(AFDC-FC) benefits. CF Reg 63-402.3 the household can payment is this applicable to Kin-Gap minors as well?			as a source, and exolude their	
10.	REQUESTOR'S PROPOSED ANSWER:  If the ACL 99-97 states Kin-Gap will be treated the same as FC children, then all criteria applicable to FC minors applies to				
	Kin-Gap minors as well. The CF household may decide to	includ	thildren, then all chier le or exclude the mino	na applicable to FC minors applies to r.	
11.	STATE DOLLOW DESPONDE (OFFICE OF OUR COMPANY)				
11.	STATE POLICY RESPONSE (CFPB USE ONLY):				
	CDSS concurs with the proposed response.				
	FOR CI	Deeli	CE		
TAC	E RECEIVED:		SE ESPONDED TO COUNTY/ALJ		
7/1	7/13	i	24/13 JN	•	
E 24	(7/12)		///	7	

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□ QC	6.	6. COUNTY/ORGANIZATION:  7. SUBJECT:		
<ul><li>Fair Hearing</li><li>Other:</li></ul>	7.			
REQUESTOR NAME:	8.	8. REFERENCES: (Include ACL/ACIN, court cases, etc. in references) NOTE: All requests must have a regulation cite(s) and/or a reference(s).		
. PHONE NO.:				
REGULATION CITE(S):		The second secon		